2049

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

State File No. 19 16
Registered No. 65

1. PLACE OF DEATH

County _Maricopa_ State _____

District or Township _Chandler_ or Village _____

City _Chandler_ No. _____ St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME _Benito Acosta_

(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX _Male_ 4. COLOR or RACE _Mexican_ 5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) _married_

16. DATE OF DEATH (month, day, and year) _Oct 21_ 19 26

17. I HEREBY CERTIFY, That I attended deceased from _Oct 10_ 1926 to _Oct 21_ 1926
that I last saw h _im_ alive on _Oct 19_ 1926

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day and year)

7. AGE Years _56_ Months _____ Days _____ IF LESS than 1 day _____ hrs. or _____ min.

and that death occurred, on the date stated above, at _5__ _P_.m.
The CAUSE OF DEATH was as follows:
Digestive Complication of Inflammation of liver &
Pancreas
_____ (duration) _____ yrs. _____ mos. _26_ ds.

8. OCCUPATION OF DECEASED _Laborer_
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (Secondary) _____
_____ (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (city or town) _____ (State or country) _Mexico_

18. Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

10. NAME OF FATHER _Benito Acosta_

11. BIRTHPLACE OF FATHER _____ (city or town) (State or country) _Mexico_

(Signed) _____ M. D.
Oct 22 19 26 (Address) _Chandler_

12. MAIDEN NAME OF MOTHER _Guadalupe Ariaga_

13. BIRTHPLACE OF MOTHER _____ (city or town) (State or country) _Mexico_

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14. Informant _Alejandro Acosta_
(Address) _Chandler_

15. Filed _Nov 7_ 1926 _Jos. M. Mess__ Registrar.

19. PLACE OF BURIAL, CREMATION OR REMOVAL _Mesa Cemetary_ DATE OF BURIAL _Oct 22/26_

20. UNDERTAKER _W. G. Burton & Son_ ADDRESS _Mesa_